UNITED STATES HOUSE OF REPRESENTATIVES	T		MAY 04 Will Page 1 of 5
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and	indidates, and New Employees	LEGISLATIVE RESOURCE CENTE:
Name: Whit Hughes Daytime	ime Telephone:	. e .	18 MAY 10 PM 2: 00
New Member of or Candidate for State: MS U.S. House of Representatives District: 3xd Condidates Date of Election: 15 19		Check if Amendment	U.S. HÖÜSE ÖF REPRESENTÄTIVE: (Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistar		Period Covered: January 1, 3017 to 51418	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	ESE QUESTIONS	NS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Dio	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No F. Did outsic	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes Ilability (more than \$10,000) at any point during the reporting period?	No J. Did single	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ONDING SCHED	DULE IF YOU ANSWER "YES" AT YOU ARE REQUIRED TO	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B	ORMATION - A	ANSWER <u>BOTH</u> OF THESE	E QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" rufrom this report details of such a trust that benefits you, your spouse, or dependent child?	ics and certain other *e	excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	a, or liabilities of a spou Ethics.	use or dependent child because they meet all three tests for	et all three tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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The state of the s	Communida But of MS	BrokFrost Engacial Service	LPL Financia	Mercill Lunch	ABC Hedge Fund X	Examples:	SP, Wega Corp Stock EJF	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Assets and/or Income Sources	BLOCK A
×	×	×	X	X	×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000 \$100,001-\$250,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$5,000,000 \$5,000,001-\$50,000,000				20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		*Column M is for assets held by your spouse or dependent child in which you have no interest.		Value of Asset	вгоск в
					Partnership Income	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g.,	Partnership Incor	me or Farm Inco	me)			"None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 40)(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividende, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check	Type of Income	BLOCK C
					×	X	×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$15,001-\$15,000 \$15,001-\$10,000 \$1,000,001-\$1,000,000 Ver \$5,000,000 Spouse/DC Income over \$1,000,000 \$1,001-\$1,000,000 \$1,001-\$1,000,000 \$1,001-\$1,000,000 \$1,001-\$1,000,000 \$1,001-\$1,000 \$1,001-\$1,000 \$1,001-\$1,000 \$1,001-\$1,000 \$1,001-\$1,000 \$1,001-\$1,000,000 \$1,0001-\$1,000,000 \$1,0001-\$1,000,000 \$1,00001-\$1,000,000 \$1,000000 \$1,000000 \$1,000000 \$1,0000000 \$2,00000000 \$2,0000000 \$2,0000000000				X	Current Year Preceding Year	6	Is For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

Use additional sheets if more space is required.

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	[EXCEPTED/BLIND TRUST		BLOCK C
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												:				Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		
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SCHEDULE C - EARNED INCOME

Name: Whit Hughes of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria) ABC Trade Association, Bellimore, MD (July 15) State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education Mississippi Bastist Health, Systems, Inc. Trimity BWK/ Trinity Re-School	Honoratium Salary Spouse Speech Spouse Salary Salary Spouse Salary Spouse Salary	Gurrent Year to Filling SO \$20,000 \$130,663.52 Approx. \$5,000.00	# 369, 658.00 # 7,300-00

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

			SP. DC, JT		
		Example			
American Express	Bank of America	First Bank of Wilmington, DE	Creditor		
11/17-5/HB	निन-ड/मेक	5/98	Date Liability Incurred MO/YR		
11/17-5/4/8 Revolving Clarge Acount	111/17-5/4/18 Revoluing Change Account	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
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			\$50,001- \$100,000	ဂ	
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			\$250,001- \$500,000	m	moun
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			\$5,000,001- \$25,000,000	ı	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	د	
			Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting xeriod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Board of Maders	Hoord of Oriesters	Board of Throckers	Bood & Director	Advisory Board Member	Foundation Problem & Chief Development Officer	Position
Shorard Show Foundation	Hespice Ministries Inc.	Middle Market	Ma		Mississippi Bastist Health Systems, Inc.	Name of Organization

Jackson Advisory Board Member

Extra Table